FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

SEP 222000

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Wall Processing

Section

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

Washington, DC

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OMB APPROVAL										
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Name of Offering Limited Liability Co	(☐ check if this is an a		•	ndicate change.)		
Filing Under (Check	box(es) that apply):	☐ Rule 504	Rule 505	⊠ Rule 506	Section 4(6)	ULOE
		A. BASIC	DENTIFICAT	ION DATA		
	nation requested about th					
Name of Issuer First Investors Cas	☐ check if this is an ar ar the Reserve Fund, a Serie		•	•	111	08060589
Address of Executiv	e Offices: nt Management Compan	y, Inc. 110 Wall Street	•	et, City, State, Zip Co /ork 10005	de) Tele,	(212)858.8000
Address of Principal			(Number and Stre	et, City, State, Zip Co	de) Telephone f	Number (Including Area Code)
Brief Description of	·	r is a private investm	ent fund.	PROCES	SED	
Type of Business O	rganization			OCT 012		
	☐ corporation☐ business trust	☐ limited p	partnership, already partnership, to be fo	THOMSON F	Christe Clability C	specify) ompany
	Date of Incorporation or Cooration or Organization:	(Enter two-letter U.S. P		Year 0 eviation for State; or other foreign jurisdi	8 🛛 A	ctual

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation O or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are

not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC ID	ENTIFICATION DAT	A	
Each beneficial ownEach executive office	e issuer, if the is er having the po er and director o	suer has been organized with	rect the vote or disposition of		a class of equity securities of the issuer; rtnership issuers; and
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		□ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):	Head, Kathryn S.			
Business or Residence Addr	ess (Number an	d Street, City, State, Zip Cod	le): c/o First Investors Co		oration, 95 Wall Street
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		□ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):	Lavoie, Larry R.			
Business or Residence Addi	ess (Number an	d Street, City, State, Zip Cod	le): c/o First Investors Co	-	ration, 95 Wall Street
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	Brown, Carol Lerner			
Business or Residence Addr	ess (Number an	d Street, City, State, Zip Cod	le): c/o First Investors Coi New York, New York 10	•	ration, 95 Wall Street
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner		□ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	Lipkus, William M.			
Business or Residence Addi	ress (Number an	d Street, City, State, Zip Cod	le): c/o First Investors Cou	•	ration, 95 Wall Street
Check Box(es) that Apply:	☑ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	First Investors Managemer	nt Company, Inc.		
Business or Residence Addi	ess (Number an	d Street, City, State, Zip Cod	le 110 Wall Street, New Yo	ork, New York 100	05
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual): F	irst Investors Special Situa	ations Fund		
Business or Residence Addr	ess (Number an	d Street, City, State, Zip Cod		=	ration, 95 Wall Street
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	New York, New York 1 ☐ Executive Officer	10005 ☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	First Investors Value Fun	d		
Business or Residence Addi	ess (Number an	d Street, City, State, Zip Cod	le): c/o First Investors Cor New York, New York 1		ration, 95 Wall Street
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):				
Business or Residence Addr	ess (Number an	d Street, City, State, Zip Cod	le):		
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):				
Business or Residence Addr	ess (Number an	d Street, City, State, Zip Cod	le):	_	

B. INFORMATION ABOUT OFFERING	
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	
Answer also in Appendix, Column 2, if filing under ULOE.	
2. What is the minimum investment that will be accepted from any individual?	
3. Does the offering permit joint ownership of a single unit? □ Yes ☑ No	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.	
Full Name (Last name first, if individual) Not applicable	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	
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\square [IL] \square [IN] \square [IA] \square [KS] \square [KY] \square [LA] \square [ME] \square [MD] \square [MA] \square [MI] \square [MN] \square [MS] \square [MO]	
□ [MT] □ [NE] □ [NV] □ [NH] □ [NJ] □ [NM] □ [NY] □ [NC] □ [ND] □ [OH] □ [OK] □ [OR] □ [PA]	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	,
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	3
\square [AL] \square [AK] \square [AZ] \square [AR] \square [CA] \square [CO] \square [CT] \square [DE] \square [DC] \square [FL] \square [GA] \square [HI] \square [ID]	
\square [IL] \square [IN] \square [IA] \square [KS] \square [KY] \square [LA] \square [ME] \square [MD] \square [MA] \square [MI] \square [MN] \square [MS] \square [MO]	
\square [MT] \square [NE] \square [NV] \square [NH] \square [NM] \square [NY] \square [NC] \square [ND] \square [OH] \square [OK] \square [OR] \square [PA]	
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	3
□ [AL] □ [AK] □ [AZ] □ [AR] □ [CA] □ [CO] □ [CT] □ [DE] □ [DC] □ [FL] □ [GA] □ [HI] □ [ID]	
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\square [RI] \square [SC] \square [SD] \square [TN] \square [TX] \square [UT] \square [VT] \square [VA] \square [WA] \square [WV] \square [WI] \square [WY] \square [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	. <u>\$</u>	0	\$	0
	Equity	. <u>\$</u>	0	\$	0
	☑ Common ☐ Preferred				
	Convertible Securities (including warrants)	. <u>\$</u>	0	<u>\$</u>	0
	Limited Liability Company Interests	. <u>\$</u>	176,815,000		166,335,000
	Other (Specify)	\$. 0	\$	0
	Total	\$	176,815,000	\$	166,335,000
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		20	\$	166,335,000
	Non-accredited Investors	. <u> </u>		\$	
	Total (for filings under Rule 504 only)			s	
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505	٠	n/a	\$	n/a
	Regulation A	·	n/a	\$	n/a
	Rule 504		n/a	\$	n/a
	Total		n/a	s	n/a
4.	 a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. 				
	Transfer Agent's Fees		🗆	\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees		🛛	\$_	159,608
	Accounting Fees		🗆	\$	0
	Engineering Fees		🗆	\$	0
	Sales Commissions (specify finders' fees separately)		📮	\$	0
	Other Expenses (identify)			\$	0
	Total			\$	159,608

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the difference between the aggregate offering price given in response to Part C-**\$186**,655,392 Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer."..... Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above. Payments to Officers, Payments to Directors & Others **Affiliates** Salaries and fees..... Purchase of real estate..... Purchase, rental or leasing and installation of machinery and equipment Construction or leasing of plant buildings and facilities Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger Repayment of indebtedness \$166,655,392 \boxtimes Working capital..... Other (specify): ___ 166,655,392 X Column Totals

D	F	ED	ERA	L SIG	NAT	URE

This issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)

First Investors Cash Reserve Fund, a series of First Investors investment fund, LLC

Name of Signer (Print or Type)

Carol Lerner Brown

Signature

Total payments Listed (column totals added).....

Date

横点

\$166,655,392

September 19, 2008

Title of Signer (Print or Type): Secretary of First Investors Management Company, Inc.,

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Manager

ATTENTION

	Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)										
	, <u>,</u>										
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Ε.	S	TΑ	TE	SI	GN.	А٦	TUF	₹E	

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?...... ☐ Yes ☒ No

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D
 (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) First Investors Cash Reserve Fund, a series of First Investors Investment fund, LLC	Signature Burn Surver	Date Septmeber 19, 2008
Name of Signer (Print or Type) Carol Lerner Brown	Title of Signer (Print or Type): Secretary of First Investors Ma Company, Inc., Manager	nagement

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	,			AP	PENDIX					
		· · · · · · · · · · · · · · · · · · ·		1				1	_	
1 1	Intend		3 Type of security			4		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)		
	to non-ac investors (Part B -	credited in State	and aggregate offering price offered in state (Part C - Item 1)		Type of ir amount purc (Part C	nvestor and hased in State – Item 2)				
State	Yes	No	LLC Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL									ļ. <u></u> .	
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AZ										
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NM								<u> </u>		

		•		AP	PENDIX									
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1	2	2	3		4									
	Intend to non-ad investors (Part B -	credited in State	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)					Type of investor and explan Amount purchased in State waiver		under Sta (if yes, explana waiver g	ualification State ULOE es, attach lanation of er granted) E – Item 1)	
State	Yes	No	LLC Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No					
NY		х	\$166,335,000	20	\$166,335,000	0	\$0		Х					
NC														
ND								ı						
ОН							<u> </u>							
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OR							····							
PA														
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